

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032524

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 198

Primary Registration District No. 3026

Registrar's No. 382

FILED AUG 26 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 7 days	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Cora Middle Ann Last Burroughs		4. DATE OF DEATH Month August Day 11 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 17, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Retired		10b. KIND OF BUSINESS OR INDUSTRY Mercantile Store Wayne Co. Illinois U.S.A.	
13a. FATHER'S NAME Martin Baker Burroughs		13b. MOTHER'S MAIDEN NAME Sarah Ann Clements	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no xxxx		17. INFORMANT Lucille Burroughs, Holden, Missouri	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation & Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhagic Pericarditis DUE TO (c) Hemorrhagic Pneumonitis		INTERVAL BETWEEN ONSET AND DEATH 5 Min. 4 Days 1 Week	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 8/5/63 to 8/11/63 and last saw her alive on 8/11/63 Death occurred at 9:48 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 10901 E. Winner Rd. Independence, Missouri	
22a. SIGNATURE (Degree or title) Dallas B. Foye, M.D.		22c. DATE SIGNED 8-13-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug 14, 1963	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) Holden, Missouri.
24. FUNERAL DIRECTOR Canaday and Røpp, Holden, Mo.	25. DATE REC'D. BY LOCAL REG. 8-14-63	26. REGISTRAR'S SIGNATURE Alba L. Craig	

SEP 4 1963

AUG 28 1963

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STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holder, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.